Sacramento Metropolitan Fire District

OPERATIONS POLICY

POLICY TITLE: Low Income Assistance for Medical Billing OVERSIGHT: EMS

POLICY NUMBER: 04.017.01 EFFECTIVE DATE: 12/05/2019 REVIEW DATE: 12/5/2019

Background

The Sacramento Metropolitan Fire District (District) does not deny necessary medical care or ambulance transportation to an individual based on lack of insurance or their inability to pay for services.

Purpose

Low income assistance is intended to waive or reduce out-of-pocket expenses for ambulance transport and/or medical services fees for those who do not have the means to pay.

Scope

This policy applies to any person receiving medical services or ambulance transport provided by the District.

Definition

1. **Advanced Ambulance Service (ALS):** The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including the provision of an ALS assessment or at least one ALS intervention.

2. **Assessment Fee:** A fee that is charged when there is assessment and/or treatment provided by a Metro Fire first responder, but no transport takes place.

3. **Basic Ambulance Service (BLS):** The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State of California**.**

4. **Contractual Write-off:** Invoices paid by Medicare, Medicaid, Medi-Cal, and insurance companies on behalf of an insured individual, in which an adjustment is made to pay only a portion of the bill due to laws governing the payment amount.

5. **First Responder Fee:** A fee that is charged when a Metro Fire first responder, such as an engine or truck company, responds to a medical aid and assesses or assists with patient care and a Patient Care Report is generated in accordance with Sacramento County Emergency Medical Services Agency (SCEMSA) protocol.

a. Health and Safety Code Section 13916 provides the authority for Metro Fire to establish fees for any service the District provides, including a First Responder Fee.

Policy

1. Categories of Patients Treated and/or Transported by Metro Fire.
   a. Insured through insurance (all types), Medicare, Medicaid, or Medi-Cal.
      I. The appropriate insurance carrier(s) will be billed by the ambulance billing vendor. Payment received will be considered payment in full for residents residing within Metro Fire's jurisdiction due to the assumed payment of real estate and/or personal property taxes. Patients not residing within the District's jurisdiction will be billed for deductibles and co-payments by the ambulance billing vendor after payment from the insurance carrier(s) is received.
   b. Contractual Write-Offs
      I. Invoices paid by Medicare, Medicaid, Medi-Cal, and insurance companies on behalf of an insured individual are adjusted to pay only a portion of the invoiced amount (excluding co-payments and deductibles). Contractual write-offs are not considered unpaid balances requiring pursuit of the residual amount from the insured individual. In fact, Medicare, Medicaid, and Medi-Cal prohibit such actions, commonly known as "balance billing." The District will not pursue individuals for payment of contractual write-offs and the ambulance billing vendor will adjust individual invoices for contractual write-offs.

2. Eligibility Guidelines for Low Income Assistance
   a. The primary means of qualifying individuals into the low income assistance program will be by referencing the current poverty income guidelines established by the Department of Health and Human Services (HHS). Metro Fire will use a threshold factor of 250% above the minimum levels established by HHS.
   b. Additional circumstances may be considered on a case-by-case basis, including catastrophic financial hardship as a result of severe extended illness or injury; loss of all income; and homelessness. Although not every circumstance can be identified herein, the expectation is that documentation would be provided detailing the extraordinary circumstances leading to the request for a fee waiver.
   c. If any insured transported patient requires EMS transport within a calendar year that exceeds their policy limits and no additional coverage is available, the Director of EMS will review the individual case for possible waiver of fees.

3. Per Metro Fire Ordinance No. 2017-01, Section 3.A, the Fire Chief may waive fees when he/she or the designated representative determines it is in the best interest of the District to do so. The Fire Chief herein designates the Director of EMS to

oversee applications for low income assistance and make determinations for resolution.

Procedures

1. Requesting Low Income Assistance for Medical Billing

   a. Patients who are unable to pay for medical services and/or transport provided by Metro Fire for reasons herein, may request a financial hardship review of their charges.

   b. The patient or their designee will complete the Low Income Assistance for Medical Billing application. The form is available by:

      I. Online at http://metrofire.evogov.com/departments/EMS

      II. In person at Metro Fire Headquarters, located at 10545 Armstrong Ave., Suite 200, Mather, CA 95655

      III. Contact the District at (916) 859-4300, ask for EMS Billing

      IV. Contact the District's ambulance billing vendor at (800) 906-6552

   c. The completed application and supporting documentation will be submitted to the District's EMS Division via US mail to the address listed above in procedures 1.b.II or by e-mail to smfdemsstaff@metrofire.ca.gov.

   d. Supporting documentation shall be submitted with the request form and will include at least one of the following:

      I. Current IRS W2 from

      II. Copies of three current paystubs from the Head of Household

      III. Unemployment check stubs

      IV. Notarized statement of unemployment

      V. Documentation of catastrophic illness affecting financial solvency

      VI. Other documentation as may be requested to verify income level claimed.

2. Metro Fire Response

   a. Within twenty (20) business days of receipt, the EMS Division's Administrative Specialist will review the application and supporting documentation. Once an application has been deemed complete, it will be sent to the Director of EMS with a recommendation for action. Such action may include:

      I. Approval of the application

      II. Recommendation for a payment plan

      III. Adjustment of the amount plan

      IV. Denial of the application

b. The EMS Division has the authority to request additional information, including documentation, from an applicant to answer any applicable questions and make a determination.

c. Final determination will be noted on the form and returned to the EMS Division's Administrative Specialist for resolution.

d. If approved, an electronic copy of the form(s) will be retained by the EMS Division for a period of five (5) years.

e. The ambulance billing vendor will be notified of the final decision and will adjust the bill accordingly.

f. The EMS Division's Administrative Specialist will notify the applicant of the decision in writing via US Mail and/or email, depending on the chosen communication method.

g. Approved applications for low income assistance will remain valid for a period of one calendar year from the date of approval.

h. Patients who apply for low income assistance and are denied, may request a review of their application by submitting additional documentation further explaining their circumstances. The Director of EMS will review the additional documentation and make a final ruling.

References

1. Health and Safety Code Section 13916
2. Department of Health and Human Services
3. Metro Fire Ordinance No. 2017-01, Section 3.A.